

LOCATION _____

AUDITION NUMBER _____

RUTH S SHUR

CAROLINA BALLET SUMMER INTENSIVE

AUDITION FORM

PLEASE PRINT CLEARLY:

Student Name (FIRST) _____ (LAST) _____

Date of Birth (month/day/year) _____ Age (on June 24, 2019) _____

Height _____

Parent/Guardian Name (FIRST) _____ (LAST) _____

Address _____

City, State Zip Code _____

Parent Email _____

Dancer Email _____

Home Phone (_____) _____ Work/Cell Phone (_____) _____

Current Ballet Studio: _____

Address of Studio: _____

Current ballet teacher: _____

Ballet classes per week: ____ Total years of ballet training: ____ Years on pointe: ____

Summer programs previously attended: _____

_____ has my permission to participate in the audition for Carolina Ballet Summer Intensive. I agree that Carolina Ballet will be held harmless for any injuries incurred while auditioning.

Parent/Guardian signature _____

- The \$35 Audition Master Class/Application Fee is **non-refundable**
- All students will receive notification of the results by email 2-3 weeks after their audition.
- Please wait three weeks before inquiring about audition results.
- We welcome students of any race, religion, color, national origin, or creed.

PLEASE DO NOT WRITE BELOW THIS LINE

Audition fee paid Accepted Not Accepted Wait Listed Date Letter Sent _____

Facility _____ Coordination _____ Technique _____ Strength _____ Musicality _____

Rating _____ Comments _____